

FILED SEP 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH29326  
State File No. 29326

BIRTH NO. _____		REG. DIST. NO. 373		PRIMARY REG. DIST. NO. 6269		Registrar's No. 51	
1. PLACE OF DEATH a. COUNTY WEBSTER 1120 b. CITY (If outside corporate limits, write RURAL and give township) RURAL - Nangua c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION Drake T.S.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY WEBSTER c. CITY (If outside corporate limits, write RURAL and give township) RURAL - Nangua d. STREET ADDRESS (If rural, give location) Drake T.S.			
3. NAME OF DECEASED (Type or Print) a. (First) RACHEL b. (Middle) E c. (Last) WILLIAMS		4. DATE OF DEATH (Month) (Day) (Year) AUG 9 1951		5. SEX F		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV 19 1874		9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months 3 Days 10	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		12. KIND OF BUSINESS OR INDUSTRY		13. BIRTHPLACE (State or foreign country) MAINSVILLE MO		14. CITIZEN OF WHAT COUNTRY? USA	
15. FATHER'S NAME UNKNOWN		16. MOTHER'S MAIDEN NAME MARY NELSON		17. NAME OF HUSBAND OR WIFE GEORGE WILLIAMS		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
19. SOCIAL SECURITY NO. NONE		20. INFORMANT'S SIGNATURE OR NAME BRYAN WILLIAMS		21. ADDRESS NANGUA		22. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Opoplemy</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
23. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		24. DATE OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		25. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		26. ACCIDENT SUICIDE HOMICIDE (Specify) 27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 28. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 29. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY 30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 31. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 4, 1951, to Aug 9, 1951, that I last saw the deceased alive on Aug 9, 1951 and that death occurred at 5:50 a.m., from the causes and on the date stated above.				23. SIGNATURE W. F. Schmitt		24. ADDRESS MO Nangua	
25. DATE SIGNED 8/9/51		26. BIRTHPLACE (State or foreign country) MAINSVILLE MO		27. CITIZEN OF WHAT COUNTRY? USA		28. DATE SIGNED 8/9/51	
29. BURIAL, CREMATION, REMOVAL (Specify) Burial		30. DATE 8-10-51		31. NAME OF CEMETERY OR CREMATORY NANGUA		32. LOCATION (City, town, or county) (State) NANGUA MO	
33. DATE REC'D BY LOCAL REG. 8/27/51		34. REGISTRAR'S SIGNATURE Francis		35. FUNERAL DIRECTOR'S SIGNATURE 392 BARBER		36. ADDRESS BARTON MARSHFIELD	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**DIVISION OF HEALTH OF MO.**

District No. 5 - Springfield

RECEIVED AUG 25 1951

Dist. File 851-1560

Date Filed 8-28-51

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed Julian J. [Signature]

Licensed Embalmer No. 4563

P. O. Address Springfield Mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.